

PAGE 1 of 2 including this cover sheet FAX TRANSMITTAL SHEET

FROM: Frank and Helen Luciano

DATE: August 24, 2012

FAX NUMBER 803-396-8882 Please call 803-396-8882, if all pages are not received.

TO: Public Service Commission of South Carolina 1011 Executive Center Dr. Suite 100 Columbia, SC 29210

FAX: 803-896-5199

SUBJ: Your Docket Number 2012-177-WS Complaint Form

TEXT: Please see attached completed Complaint Form

Thanks for your help

Frank and Helen Luciano

Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



Phone: 803-896-5100 Fax: 803-896-5199 www.psc.sc.gov

	Complaint Form	Print
Date: August 24,	2012	
Complainant or	Legal Representative Information: * Required Fields	
Name *	Frank Lee Luciano	
Firm (if applicable)	N/A	
•	12030 Spinnaker Drive	
City, State Zip *	Tega cay SC 29708 Phone * 803-396-8882	
E-mail *	luciano@comporium.net	······································
Name of Utility	Involved in Complaint: *	
	T&T is the utility involved, please complete the attachment located at the end of this form.	
Type of Complain	nt (check appropriate box below.) *	
<ul><li>☑ Billing Error/A</li><li>☑ Disconnection</li><li>☑ Service Issue</li><li>☑ Other (be speci:</li></ul>	of Service Payment Arrangements Water Quality Line E.  Meter Issue	to Connect Service ktension Issue
Have you contacte	d the Office of Regulatory Staff (ORS)? * Yes No Name of ORS Contact:	
Concise Stateme	nt of Facts/Complaint: * (This section must be completed. Attach additional information to this pa	10
Tega Cay Water	Service is requesting a rate adjustment of 43.87%!	ge if necessary.)
There are severe	limitations to water line flushing and fire fighting capability because there are too few hydrant	s in our system.
A "black gunky"su	bstance continually appears in our water faucets.	
iale payment lees	ad two billing problems with this organization. Specifically, I have been set dunning letters to or disconnection of my water service. I pay by having the TCWS, Inc. directly debiting my clean I make it for them to get their payment? If they can not get their money when it is waiting orly managed.	
Relief Requested:	* (This section must be completed. Attach additional information to this page if necessary.)	
Denial of any and	all proposed rate increases.	
TATE OF SOUTH	)	
COUNTY OF Yo	rk )	Internal Use Only
Compla	inant's Name * August 24, 2012	ocessed By Date
nd know the content	s thereof, and that said contents are true.  Complainant Signature	E.